

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

1

APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
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49								99					
50								100					
TOTAL IND.	1		↓		↓		↓		↓		↓		
TOTAL DEP.	3		←		←		←		←		←		
TOTAL CLAIMS	4		████████		████████		████████		████████		████████		